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Country programme document

Madagascar

Summary

The country programme document (CPD) for Madagascar is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The draft CPD includes a proposed aggregate indicative budget of $56,815,000 from regular resources, subject to the availability of funds, and $141,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2015 to December 2019.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the 2015 first regular session of the Executive Board.

* E/ICEF/2015/1.

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Programme rationale

1. Madagascar is one of the poorest countries in the world, with a gross national income per capita of $440 (World Development Indicators 2014; 2013 data) and a ranking in 2014 of 155th of 187 countries in the Human Development Index. In 2013, 91 per cent of the country's 21 million people lived on less than $2 per day (Millennium Development Goal (MDG) survey 2012–2013). Madagascar is emerging from a prolonged political crisis accompanied by socio-economic decline, deterioration of social services and exacerbation of household vulnerabilities to shocks.

2. Given its rich mineral and natural resource base, Madagascar has significant growth potential, especially in the extractives sector. Yet, it also faces the associated risks of illegal trade and exploitation. The island nation is exposed to the hazardous effects of climate change and is extremely vulnerable to natural disasters. While Madagascar is subject to recurring droughts, floods and locust plagues, and with 16 of the country's 22 regions at risk ranks fifth among countries most threatened by cyclones (Maplecroft 2012), its level of preparedness to prevent and mitigate the effects of disasters is limited. The country is characterized by ethnic, cultural and biological diversity, and by major socioeconomic, rural/urban and other geographic disparities between the highlands and coastal areas.

3. Madagascar has a young (47 per cent under age 15) and largely rural population (83 per cent, MDG survey 2012–2013). Under-five mortality declined from 72 to 62 per 1,000 live births between 2008 and 2012 (Demographic and Health Survey (DHS) 2008–2009 and MDG Survey 2012–2013), likely attributable to the implementation of community-based child survival interventions with a special focus on hard-to-reach areas. At the same time, neonatal mortality marginally increased from 24 to 26 per 1,000 live births. Neonatal mortality accounts for 42 per cent of under-five deaths. Maternal mortality remains very high, at 500 per 100,000 live births (*The State of the World's Children Report 2014*) and is far from the 127 per 100,000 live births MDG target; one third of maternal deaths are related to teenage pregnancies. The percentage of children aged 12–23 months who were fully vaccinated fell from 61.6 per cent in 2008 (DHS 2008–2009) to 51.1 per cent in 2012 (MDG survey 2012–2013). The deterioration of the primary health care system, including inadequate numbers and distribution of health personnel, shortages of medical supplies, and the long distance and high cost of accessing services are major bottlenecks and barriers to access and use of services (MDG survey 2012–2013). Significant and sustained investment is needed to strengthen the health system and build on the gains made in reducing under-five mortality. HIV prevalence remains low at 0.4 per cent among adults ages 15 to 49 (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2013 data) and 0.2 per cent for young men and young women aged 15 to 24 (UNAIDS 2013).

4. Madagascar has the fourth highest rate of chronic undernutrition rate in the world (MDG survey 2012–2013). About half (47 per cent) of all children under age five are stunted. Progress in tackling high stunting rates has been very slow over the past 20 years and important disparities remain between urban areas (39 per cent) and rural areas (49 per cent), and among regions, with the Central Highlands reporting stunting rates of more than 60 per cent. The prevalence of wasting and underweight among children under age five is 8 per cent and 32 per cent, respectively. Undernutrition is associated with poverty and food insecurity; limited

access to nutritious food; poor maternal nutrition and inadequate infant and young child feeding practices often rooted in unfavourable social norms; recurrent childhood illnesses and poor access to quality health services; and inadequate water, sanitation and hygiene (WASH) provision, especially for the most deprived segments of the population.

5. Limited access to clean water and poor sanitation and hygiene practices are of particular concern, especially given the link with chronic malnutrition. In global comparisons, Madagascar ranks 4th from last in the use of safe water and 8th from last in access to sanitation. Only 14 per cent of the population has access to improved sanitation facilities (WHO/UNICEF Joint Monitoring Programme (JMP) 2014). Almost half (48 per cent) of people living in rural areas practise open defecation. Only half of the overall population and 35 per cent of the rural population have access to improved water sources, with 38 per cent of those in rural areas relying on surface water for drinking (JMP 2014).

6. Madagascar is no longer on track to achieve MDG 2, universal primary education. The net primary enrolment rate decreased from 83 per cent in 2005 to 69 per cent in 2012 (MDG survey 2012–2013). Repetition rates in primary school are 17 per cent and test scores in key subjects such as mathematics have declined since 1998 from 59/100 to 40/100 reported in 2012 (Ministry of Education). Approximately 1.5 million primary-school-age children are currently out of school and only 3 out of every 10 children who enrol complete primary school (UNICEF 2012). The major barriers to education include outdated curricula, poorly trained teachers and low quality of instruction (about two thirds of primary school teachers have not received any formal training); limited number of school facilities; and increasing costs of education.

7. Violence and exploitation of children are major protection concerns. Fourteen per cent of girls aged 15 to 19 have reported being victims of sexual violence and 15 per cent have reported being victims of physical violence (MDG survey 2012–2013). The Special Rapporteur on the sale of children, child prostitution and child pornography has reported increases in sexual exploitation of children, including through prostitution and sexual tourism since the onset of the crisis (Report of the Special Rapporteur, 2013). Reporting rates are low and prosecution of the perpetrators of violence against children inadequate, as is the prevention of violence, and the provision of care and treatment for victims.

8. The practice of child marriage persists, with nearly half of women aged 20 to 24 reporting having been married before the age of 18. More than one third (37 per cent) of girls aged 15–19 have started childbearing. Almost 1 in 4 (23 per cent) children aged 5 to 17 are involved in economic activity.

9. Persistent poverty remains the main barrier to development in Madagascar. Limited financial and human resource capacity in the social sector, limited access to large parts of the country, and harmful practices rooted in traditional beliefs are among the major bottlenecks to overcoming household vulnerability and expanding social service delivery.

10. Following a prolonged governance crisis, a new Government was formed in April 2014 following democratic elections held at the end of 2013, and a new National Development Plan is currently being drafted to fill the void in which the country had been operating for the past five years. The Government has outlined the

fight against poverty, vulnerability and insecurity, and the promotion of dialogue and reconciliation among key stakeholders as overarching development objectives. Among the priorities to be elaborated in the Plan are health and nutrition, education, water and sanitation, good governance and rule of law, and social protection. The lifting of sanctions and restrictions on foreign aid that had been imposed during the crisis has paved the way for donor re-engagement and aid investment.

11. The experience of the last country programme points to three main lessons that have guided the design of the 2015–2019 country programme:

(a) The importance of continued programme engagement and using UNICEF programmes as operational and programmatic bridging mechanisms in a restricted aid environment for safeguarding gains made for children and women, 'building back better' and eventual recovery of the social sectors.

(b) The need for deeper cross-sectoral analysis and understanding of social and cultural norms that govern the behaviours and decisions of families and communities in an anthropologically diverse context. The importance of using such information to customize the design and implementation of strategies for behaviour change, demand creation and community outreach.

(c) The fact that maintaining a strong focus on community-based interventions has proved to be a key strategy in tackling the barriers to access and utilization of health services. This has been demonstrated in the successful implementation of Integrated Community Case Management interventions in community health centres and through improved capacity of community health workers.

Programme priorities and partnerships

12. The 2015–2019 country programme will support national priorities in the new National Development Plan as well as sectoral plans. By working with partners to address policy, systems and service-delivery bottlenecks at the national, subnational and community levels, the country programme will contribute to the achievement of equitable outcomes for the poorest and hardest-to-reach children and families. The programme will pursue multi-pronged intersectoral strategies, including:

(a) Advocacy and technical support for the development of equity-focused and child-friendly policies and budgets, sector plans and frameworks, including development of the first national social protection framework.

(b) Strengthening the capacity of decentralized authorities to plan, monitor and deliver social services for children, with a special focus on the most disadvantaged groups.

(c) Coordinating implementation of different sectoral interventions in the same geographic locations to enhance programmatic synergies for children and families at community level.

(d) Fostering innovative partnerships with civil society to provide customized behaviour change and community outreach initiatives to improve child-friendly practices among diverse communities.

Health

13. The **Health Programme** will contribute to the goals of the Health Sector Development Plan 2015–2019 and Outcome 3 of the United Nations Development Assistance Framework (UNDAF) 2015–2019: *Populations in intervention areas, especially vulnerable groups, access and use quality, sustainable basic social services*. The programme will expand the use of integrated health services for children under five years old. An emphasis will be placed on newborns, increasing coverage in focus regions by taking to scale key life-saving interventions through proven strategies such as Mother and Child Health Weeks and community-based service delivery. Programme components include:

(a) Advocacy for increased health sector financing and support for development and implementation of the health sector plan to increase the number of functional facilities and trained medical staff, including community health workers.

(b) Improving coordination and linkages between public and community health systems to increase access to and demand for basic health services among hard-to-reach populations.

(c) Strengthening routine immunization systems with a specific focus on microplanning, cold chain and vaccine management, social mobilization, outreach and biannual national vaccination campaigns, and monitoring for corrective action to address bottlenecks and reduce geographical equity gaps.

(d) Scaling up facility-based essential neonatal care interventions as well as community-based care for pregnant women and newborns.

(e) System-strengthening support to the national medical supply chain to improve availability and affordability of essential medicines for vulnerable populations.

(f) Management and technical capacity development of subnational health structures to plan and implement programmes to prevent, diagnose and treat the illnesses responsible for the majority of deaths in children under five (pneumonia, diarrhoea and malaria), as well as immunization, neonatal care and prevention of new HIV infections in children through enhanced delivery of services.

14. The Health Financial and Technical Partners meeting, which brings together the Ministry of Health, United Nations agencies, including the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Health Organization (WHO), UNAIDS and UNICEF, the World Bank, donors and non-governmental organization (NGO) partners, will be the main partnership forum. UNICEF will continue to work closely on country-level implementation with counterparts in the H4+ partnership as well as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Nutrition

15. The **Nutrition Programme** will contribute to the 2012–2015 National Nutrition Plan, the Scaling Up Nutrition (SUN) objectives and Outcome 3 of the UNDAF 2015–2019. The goal of the programme is to support national and subnational authorities to improve nutrition and reduce rates of stunting through

improved and equitable nutrition services and care practices. The specific priorities include:

(a) Strengthening the capacity of the National Nutrition Office and subnational authorities to effectively coordinate, monitor and evaluate the National Nutrition Plan and SUN Road Map.

(b) Advocacy for enhanced coordination between health and nutrition community workers, including full integration of the treatment of severe acute malnutrition (SAM) into the health system.

(c) Scaling up community nutrition interventions with a focus on pregnant women and children in the 1,000-day period before a child's second birthday. Priority interventions include nutrition counselling in the community, promotion of appropriate infant and young child feeding practices (including breastfeeding and complementary feeding), and treatment of SAM.

(d) Advocacy for increased attention to behaviour change communication in Government programmes to shift attitudes, practices and social norms influencing nutritional decisions.

16. In line with the Government's recognition of social protection as a priority area, UNICEF is partnering with the World Bank on pilot interventions that link cash transfers to nutrition, education and essential family practices, with the aim of enabling the poorest families to access basic social services and improve child feeding practices.

17. The main partnership forum will be the SUN platform, which brings together the Ministry of Health, Office of National Nutrition, United Nations agencies, including UNFPA, UNICEF, WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP), and the World Bank, donors and NGO partners.

Water, Sanitation and Hygiene

18. The **Water, Sanitation and Hygiene (WASH) Programme** will contribute to the National WASH strategy (and the WASH planning document) and Outcome 3 of the UNDAF 2015–2019. The programme will work at national and subnational levels to improve households' equitable access to safe drinking water, sanitation, healthy environments and to promote safe hygiene practices. The specific programme priorities include:

(a) Advocacy for increased political commitment and investments in the WASH sector.

(b) Supporting the Government to be an effective convener on sanitation issues and to improve sector coordination, information-sharing and efficiency.

(c) Strengthening the capacity of regional water directorates in planning, budgeting, service implementation, monitoring and coordination of the delivery of sustainable services to underserved rural and isolated areas.

(d) Mobilizing communities to scale up Community-Led Total Sanitation and implementing behaviour change communication programmes to address local cultural barriers to improved sanitation and hygiene practices.

(e) Promoting the development of sustainable models such as the integration of WASH, health and nutrition programmes through provision and use of WASH packages in schools and health and nutrition centres.

19. The main partners of the WASH programme include the Ministry of Water, UNDP, NGOs and civil society, users' associations, traditional leaders and local authorities.

Education

20. The **Education Programme** will contribute to the broader Education for All goals in the Interim Education Sector Plan 2013–2015 and Outcome 3 of the UNDAF 2015–2019. The programme will focus on increasing school enrolment of the most vulnerable children, and improving learning outcomes and survival rates at the primary level. There will be a renewed emphasis on the quality of education and strengthening the capacity of the public primary education system in focus regions to better plan and manage resources as well as enrol and retain vulnerable children in school. The programme priorities include:

(a) Strengthening participatory planning and development of school-based action plans, improving data-collection systems, and reinforcing resource management and accountability mechanisms in schools.

(b) Supporting the development and implementation of a national teacher development strategy and revision of the curriculum so that it is more closely aligned with the economic, cultural and language context of local communities.

(c) Scaling up initiatives to enrol or re-enrol out-of-school children, with a focus on children with disabilities.

(d) Supporting the development and implementation of an early childhood development policy and early learning programme.

(e) Strengthening the capacity of subnational education authorities to better monitor system performance and improve financial management systems.

21. The education technical and financial partners and the local education group will be the main partnership forums, bringing together the Ministry of Education, United Nations agencies (the International Labour Organization (ILO), UNESCO, UNICEF and WFP), the World Bank, donors and NGO partners. UNICEF will continue to support sector coordination and the education sector planning process, and to emphasize cooperation with civil society, especially regarding the early childhood development policy and work on combating violence in schools.

Child protection

22. The **Child Protection Programme** contributes to the UNDAF 2015–2019 Outcome 2: *Public institutions, civil society and the media, at the central and decentralized levels, effectively fulfil their roles and are accountable for more peaceful governance that protects human rights*. The programme will focus on improving prevention and response to violence and exploitation of children, including sexual exploitation, especially in the context of the tourism and extractive industries, and on child marriage. Key programme priorities include:

(a) Development and implementation of a national child protection framework and an advocacy strategy to increase resources for programmes against violence and exploitation of children.

(b) Strengthening capacities of subnational child protection authorities to improve coordination, planning, service delivery and monitoring of programmes and community networks to provide child protection services.

(c) Scaling up implementation of behaviour change communication programmes to raise awareness of all forms of violence against and exploitation of children; strengthening systems to improve data collection, support for victims, reporting of violence and enforcement of applicable laws.

23. The main partners for the UNICEF child protection programme include the Ministries of Social Protection, Justice, Internal Affairs, Tourism, Internal Security and Youth, the judiciary, United Nations agencies, development partners, the private sector and civil society organizations (CSOs), coordinated through the National Child Protection Working Group, the National Legal Reform Working Group, Protection Cluster, and the Working Group on Gender and Human Rights.

Cross-cutting strategies

24. In addition, the country programme will implement the following cross-cutting strategies:

(a) Behaviour change and community outreach interventions will be integrated into all programme areas to increase the demand for basic social services. The priority is to build the capacity of the Government to develop and implement evidence-based and customized communication for development (C4D) strategies, and to engage with and build the capacity of social networks such as traditional and faith-based networks, community agents, youth networks and the mass media to influence behaviours.

(b) An approach to converge sectoral interventions in communities experiencing multiple deprivations with the aim to strengthen cross-sectoral synergies will be piloted in 4 of the country's 22 regions, i.e. two of the most deprived regions in the south, and two regions prone to cyclones and floods: one on the west coast and one in the northeast. The capacity of regional authorities will be strengthened to coordinate the convergence of sectoral programme interventions.

(c) Resilience-building, disaster risk reduction (DRR) and emergency preparedness and response interventions will be integrated across all programme components with the aim of strengthening the resilience of families and communities to cope with shocks, and supporting the development of quality, inclusive regional DRR and emergency contingency plans and humanitarian response capacity, in contribution to UNDAF 2015–2019 Outcome 1: *Vulnerable populations in intervention areas access income and employment opportunities, improve their resiliency capacity, and contribute to an inclusive and equitable growth for sustainable development.*

(d) Engagement with the private sector to advocate for ethical business practices and behaviours in relation to children as well as to leverage private sector

resources (especially those of the oil and extractive industries and the tourism sector) to steer investments in the social sector.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	11 250	40 000	51 250
Water, sanitation and hygiene	6 250	17 000	23 250
Nutrition	6 250	12 000	18 250
Education	6 250	50 000	56 250
Child protection	5 000	8 000	13 000
Social policy and social protection	4 900	1 900	6 800
Intersectoral	9 415	5 100	14 515
Cross-sectoral (Operations)	7 500	7 000	14 500
Total	**56 815**	**141 000**	**197 815**

Programme and risk management

25. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for alignment between results and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

26. Within the framework of UNDAF 2015–2019, UNICEF will continue to lead coordination in the education, nutrition and WASH sectors and will contribute to health and protection coordination mechanisms.

27. The country programme will implement a combination of programme strategies that will allow UNICEF to adapt and rapidly and flexibly respond to changes, and to manage and mitigate risks in the programme environment. This will include support to policy and legislative framework and system development at the central level, increased emphasis on decentralized capacity development, results monitoring and management at the regional level and continued focus on community-based service delivery.

28. The harmonized approach to cash transfers (HACT) will be strengthened to respond to major risks in programme implementation, particularly those arising from weaknesses in governance and government financial oversight. Specifically, a new HACT unit will be established to identify risks within each partner organization, apply immediate mitigation measures and build partner capacity to better manage risks.

29. The capacity of technical staff will also be strengthened to reinforce policy and system priorities at the central level. Staff capacity will be maintained at regional level to facilitate engagement with a range of government and

non-governmental partners, ensure timely information on risks and opportunities, and provide technical and management support to government counterparts.

30. In the context of a gradual return to regular aid modalities, UNICEF will develop advocacy, partnership and resource mobilization strategies to facilitate mobilization of resources for the country programme and to leverage support for child rights programmes in the country.

31. Mid-year and annual reviews with partners will focus on assessing programme quality, efficiency and effectiveness, and validation of risks and related mitigation strategies.

Monitoring and evaluation

32. The UNDAF strategic results matrix and monitoring and evaluation (M&E) plan will serve as the overall framework for monitoring UNDAF outcome results. Under the oversight of the national M&E working group, UNICEF will collaborate with other United Nations agencies to build the capacity of the National Institute of Statistics (INSTAT), sectoral M&E departments and regional development directorates to collate, manage, disseminate and analyse data disaggregated by gender, age, wealth and geography for monitoring progress against the new National Development Plan results.

33. To improve the quality of data generated through routine national monitoring systems, additional focus will be placed on innovative technologies that facilitate rapid information collection, building on current initiatives such as the SMS-based system for monitoring school enrolment. Technical support will be provided to subnational authorities for M&E system strengthening and results monitoring through UNICEF staff based at the regional level.

34. A results and resources framework and a five-year Integrated Monitoring and Evaluation Plan will serve as the basis for strengthening ongoing situation analysis and results monitoring. Major emphasis will be placed on monitoring the impact of UNICEF-supported programmes in improving quality and maintaining or expanding access to essential social services, particularly for the most disadvantaged children.

35. Major evaluations to generate evidence and examine programme impact have been planned. These include evaluations on: infant and young child nutrition and feeding practices; integration of maternal and neonatal health services; an inclusive education programme for out-of-school children; birth registration; violence prevention initiatives; and sociocultural norms and practices.

36. To ensure that programme strategies remain relevant in an evolving context, mid-year and annual reviews will focus on exploring new opportunities and identifying risks, particularly in relation to natural disasters, governance challenges and other shocks that make households more vulnerable. A continuous assessment of barriers and bottlenecks in fulfilling programme objectives, especially in reaching the most disadvantaged girls and boys, will further inform adjustments to programme strategies.

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Annex

Results and resources framework

Madagascar – UNICEF country programme of cooperation, 2015-2019

Convention on the Rights of the Child: Articles 1: Definition of the child, 2: Non-discrimination, 3: Best interests of the child, 6: Survival and development, 7: Identity rights, 12: Right to express an opinion, 19: Protection from violence, 23: Children with disabilities, 24: Right to health, 28: Right to education, 32: Child labour, 34: Sexual exploitation

National priorities: MDG 1: Eradicate extreme poverty and hunger; MDG 2: Achieve universal primary education; MDG 3: Promote gender equality and empower women; MDG 4: Reduce child mortality; MDG 5: Improve maternal health; MDG 6: Combat HIV and AIDS, malaria and other diseases.

UNDAF outcomes involving UNICEF:

Outcome 1: Vulnerable populations in intervention areas access income and employment opportunities, improve their resiliency capacity, and contribute to an inclusive and equitable growth for sustainable development.

Outcome 2: Public institutions, civil society and the media, at the central and decentralized levels, effectively fulfil their roles and are accountable for more peaceful governance that protects human rights.

Outcome 3: Populations in intervention areas, especially vulnerable groups, access and use quality, sustainable basic social services.

Outcome indicators measuring change that includes UNICEF contribution:

- Extreme poverty rate (disaggregated by region, gender, urban/rural environment, wealth quintile, etc.)
- Availability of updated census data
- Percentage of accepted recommendations from the Universal Periodic Review that have been implemented
- Percentage of public spending under the responsibility of devolved or decentralized territorial entities (disaggregated by Devolved Territorial Authorities and Decentralized Technical Services)
- Under-five mortality rate (per 1,000 live births)
- Maternal mortality rate (per 100,000 live births)
- Net primary school enrolment rate
- Prevalence rate of chronic malnutrition among children under five
- Percentage of the population using improved basic sanitation facilities
- Percentage of the population using improved water facilities
- HIV, tuberculosis and malaria incidence rates.

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Related UNICEF Strategic Plan 2014–2017 outcomes: 1: Health; 3: WASH; 4: Nutrition; 5: Education; 6: Child protection; 7: Social inclusion							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** (in millions of United States dollars)		
					RR	**OR**	**Total**
Outcome 1. Health By the end of 2019, children under 5 years of age, especially newborns, have access to and use integrated health services with high coverage in target regions.	Percentage of surviving infants in all districts vaccinated against measles *Baseline:* 63% (WHO/ UNICEF estimates 2013) *Target:* 80% Percentage of children aged 0–59 months with suspected pneumonia receiving antibiotics *Baseline:* 32.7% (MDG survey 2012–2013) *Target*: 60% Percentage of children aged 0–59 months sleeping under insecticide-treated mosquito nets *Baseline:* 88.5% (MDG survey 2012–2013) *Target* by 2017: 90% Percentage of children aged 0–59 months with	Monthly report Health Management Information System (HMIS); WHO/ UNICEF records Monthly report (HMIS) Malaria indicator survey	**Health policy and systems:** Government capacity to develop and implement health policies, strategies and protocols, and to plan, monitor, mobilize and equitably allocate financial and human resources is improved. **Maternal, newborn and child health:** Mothers and newborns in target regions are reached with key interventions during the hours and days of highest risk. Girls and boys are reached at institutional and community level with prevention and treatment for the three illnesses that cause the majority of deaths among young children (pneumonia, diarrhoea and malaria).	Ministry of Health Ministry of Communication WHO UNFPA European Union (EU) United States Agency for International Development (USAID) French Government Gavi, the Vaccine Alliance Global Fund to Fight AIDS, Tuberculosis and Malaria Bill and Melinda Gates Foundation Population Services International (PSI) World Bank African Development Bank (ADB) Maternal and Child Integrated Program (MCHIP) Japan International	**11.3**	**40**	**51.3**

	diarrhoea receiving oral rehydration salts and zinc *Baseline:* ORS: 14.6%; Zinc: 3% (MDG survey 2012–2013) *Target:* ORS: 50%; Zinc: 30% Percentage of mothers and newborns receiving postnatal care within 2 days of delivery *Baseline:* 52.4% (MDG survey 2012–2013) *Target:* 70%	Monthly report (HMIS) Monthly report (HMIS)	**Vaccination:** At least 80% of children in all districts in six focus regions are reached with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3). National coverage of 90% with a focus on the hardest-to-reach and marginalized communities.	Cooperation Agency (JICA)			
Outcome 2. WASH By the end of 2019, households and communities have access to safe drinking water, sanitation, and healthy environments and good hygiene practices are equitably improved in target regions.	Percentage of population in rural areas using an improved source of drinking water *Baseline:* 35% (JMP 2014) *Target:* 50% Percentage of population in rural areas practising open defecation *Baseline:* 48% (JMP 2014) *Target:* <1% (in 2018)	Ministry of Water, UNICEF records House Hold Survey (HHS), Census, JMP report	**Policy and capacity development:** By the end of 2019, Government demonstrates increased political commitment and capacity to legislate, plan, budget, coordinate, deliver, monitor and evaluate WASH interventions at scale at national and subnational levels. **WASH in health, nutrition and education centres:** Community-level institutions have strengthened capacity to promote the use of safe water and latrines, and hand-washing with soap by children and families.	Ministry of Water Ministry of Health Ministry of Education (MoE) Ministry of Finance Ministry of Decentralization Ministry of Communication Regional Directorates ADB EU JICA USAID Civil society	**6.2**	**17**	**23.2**

			Sustainable access to safe water: Community demand for sustainable safe drinking water sources is increased and met. **Sanitation and hygiene:** All communities eradicate open defecation and use improved sanitation facilities in combination with appropriate hygiene practices.				
Outcome 3. Nutrition By the end of 2019, child nutrition interventions result in better nutrition outcomes in target regions.	Percentage of children who are exclusively breastfed for the first six months *Baseline*: 43% (MDG Survey 2012–2013) *Target:* 60% Percentage of children who are stunted *Baseline:* female: 44.5%; male: 50.2% (MDG Survey 2012–2013) *Target:* female: 34%; male: 40% Percentage of children aged 6–23 months receiving a minimum acceptable diet *Baseline:* 13% (Comprehensive Food Security and Vulnerability	Nationwide surveys (DHS, MICS) Nationwide surveys (DHS, MICS) Nationwide surveys (DHS, MICS)	**Policy, coordination and financing:** The capacity of national and regional authorities to advocate, plan, budget for and coordinate SUN interventions is improved. **Improved nutrition and care practices:** Knowledge and adoption of nutrition and care practices among caregivers and communities is improved. **Capacity for nutrition interventions:** Increased national and regional capacity to provide access to nutrition interventions.	Ministry of Health Ministry of Communication SALAMA (national central drugs and medical supply store) Office of National Nutrition PSI Regional Nutrition Offices Nutrition cluster members	**6.3**	**12**	**18.3**

	Analysis2010) *Target:* 30%						
Outcome 4. Education By the end of 2019, more girls and boys are enrolled, retained and learning in pre-primary and primary schools, and there are fewer children out of school.	Primary school net enrolment rate *Baseline:* 69.4% national (female: 70.1%; male: 68.1%) (MDG Survey 2012–2013) *Target:* 90% overall and for each gender Drop-out rate between grade 1 and grade 2 at the national level and in the target regions *Baseline:* 21.7% (MoE 2012–2013) *Target:* 12.8% Survival rate at primary level *Baseline*: 35.3% (female: 36.6%; male: 34.1%) (MoE 2009/2010 to 2013/2014) Target: 50% (female: 50%; male: 50%) Mean score of 5th grade pupils at the Programme for the Analysis of Education Systems (PASEC) test in Malagasy/Mathematics/ French *Baseline:* Malagasy: 43.5/100; Mathematics:	Ministry of Education Administrative data Ministry of Education Administrative data Ministry of Education Administrative data Ministry of Education Administrative data	**Education policy and strategy:** MoE capacity to plan, manage, communicate and govern at the central and decentralized level is strengthened. **Access to primary education:** More children access the primary education system thanks to an increase in the number of classrooms, and implementation of initiatives to promote enrolment and re-enrolment of children in schools and learning programmes, including children with disabilities. **Quality of education:** MoE improves the quality of teaching in primary schools by improving employment conditions for teachers, increasing in-service training and providing appropriate teaching and learning materials.	MoE Ministry of Communication Handicap International	**6.2**	**50**	**56.2**

	40/100; French: 26.8/100 (PASEC 2012) *Target:* Malagasy: 60/100; Mathematics: 60/100; French: 50/100						
Outcome 5. Child protection Improved and equitable prevention of and response to exploitation of and violence against children in target regions	Percentage of girls aged 15–19 who have been victims of sexual violence *Baseline:* 14.1% (MDG Survey 2012–2013) *Target:* 10% Percentage of women aged 20–24 who were married or in union before they were 18 years old *Baseline:* 41.2% (MDG Survey 2012–2013) *Target:* 38% Percentage of children under 5 years of age who have had their births registered *Baseline:* 83% (MDG Survey 2012–2013) *Target:* 90%	Household surveys (DHS, MICS) Household surveys (DHS, MICS) Household surveys (DHS, MICS)	**Child protection policy framework:** A national child protection policy with an adequate budget and effective M&E framework is in place and implemented. A legal framework to address violence against children in line with international standards is in force. **Child protection services:** Key child protection service providers (medical, legal, psychological and social) are able to provide coordinated and quality services to child victims of violence in targeted areas. **Child protection awareness:** Families and communities are aware of child protection laws, services and what constitutes harmful practices against children.	Ministry of Social Protection Ministry of Justice Ministry of Interior Ministry of Security Ministry of Education Ministry of Communication Police, gendarmerie Courts/tribunals University Hospital Regional and district authorities Traditional leaders Youth associations Women's associations NGOs, community-based organizations, faith-based organizations	**5**	**8**	**13**

Outcome 6. Social policy and social protection Greater national commitment, accountability and capacity to legislate, plan and budget for inclusive social policies, and progressively integrate social protection measures into relevant programme areas.			**Evidence generation:** The socio-economic situation and its impact on the situation of mothers and children, as well as the recommendations from programme evaluation, are analysed to better influence social policies and budgeting, and strengthen evidence-based programming. **Policy support:** Policy dialogue and partnerships with national partners (Government and civil society) are established to contribute to greater national commitment, accountability and capacity to legislate, plan and budget for inclusive social policies and social protection measures. **Social protection:** Dialogue and partnerships with the Government and donors are established to develop a national social protection framework and to progressively integrate social protection measures into relevant programme areas.	National and decentralized Government ministries including, among others: Ministry of Finance Ministry of Economy and Planning Ministry of Decentralization INSTAT World Bank Civil society Private sector	**4.9**	**1.9**	**6.8**

			Public-private sector partnership: Public and private sector partnerships are established and maintained to influence business behaviour to promote respect for and support of child rights and business principles, and to leverage support for programmes.				
Outcome 7. Intersectoral The rights of children and women are fully integrated into and prioritized in sector programming, emergency response and communication.	There are no outcome indicators for the intersectoral outcome (indicators will be output-level)		**Media and external relations:** Communication and media activities effectively promote child rights. **C4D:** National partners have the capacity to effectively plan, coordinate, implement and monitor C4D strategies that promote priority family practices to realize child rights. **Planning:** The quality, coherence and coordination of programme planning are strengthened at national, subnational and country office levels, in line with UNICEF corporate priorities and guidelines. **Monitoring:** The quality, coherence and	University of Antananarivo National and decentralized Government Ministries including, among others: Ministry of Finance Ministry of Economy and Planning Ministry of Decentralization INSTAT	**9.4**	**5.1**	**14.5**

			coordination of monitoring systems are strengthened at national, subnational and country office levels to facilitate a results-based management approach. **Emergency and DRR:** The DRR intervention is strengthened and reflected in all programmes, decentralized contingency planning is improved, and emergency responses are implemented in accordance with UNICEF's Core Commitments for Children in Humanitarian Action.	National Office of Risk and Disaster Management (BNGRC) Ministry of the Interior Catholic Relief Services CARE International WFP OCHA			
Cross-sectoral (Operations)	There are no outcome indicators for the cross-sectoral outcome (indicators will be output-level)				**7.5**	**7**	**14.5**
Total resources					**56.8**	**141**	**197.8**